

Reset Form

## DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

FORM

DR-2

DISCLOSURE  
REPORT

(Rev. 12/2005)

For Office Use Only

Comm. #

Logged In

Scanner

Computer

Audited

File with:

Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-3701IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7)  
the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the  
individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A July 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must  
be zero) (Attach DR-3)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wend-Knorschell*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-20-10	ID# CK#	Geoffrey Abelson 1414 Glendale Ave Ames IA 50010		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	Jennifer Garst 708 Brookridge Ave Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Carl Tipton 415 Briarwood Pl. Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Doris in Foell 1006 Arizona Ave Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Beverly J. Crabtree 3113 Rosewood Cr Ames IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	George T. Lawson 1007 Brookridge Ave Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Patricia Hopkins 2415 Hamilton Dr. Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Dorothy Tschopp McGee 2115 Northcrest Dr. Ames IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Kathryn E. Eschbach 727 Ridgewood Ames IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Eileen T. Mericle 111 Lynn Ave, Unit 906 Ames IA 50014		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 475

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 6  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendell Kneerchell*

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6-1-10	ID# CK#	James H. Jorgensen 4207 Westbrook DR. Ames, IA 50010		\$ 9.60	<input type="checkbox"/>
"	ID# CK#	Michael S. Bryant 2516 Woodview DR. Ames, IA 50014		25.00	<input type="checkbox"/>
6-20-10	ID# CK#	Hanna Gradwohl 2003 Ashmore DR Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Helen J Red 4235 Eisenhower CT Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Joseph Hrabat 2224 Storm Ames, IA 50014		20	<input checked="" type="checkbox"/>
"	ID# CK#	Audrey Lynn Fawcett 1801 20th ST, Apt B-24 Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	Irene Beavers 2200 HAMILTON DR, Apt 208 Ames IA 50014		75	<input checked="" type="checkbox"/>
"	ID# CK#	John L. Tait 2434 HAMILTON DR. Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Herbert A. David 2334 HAMILTON DR. Ames, IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	Margaret Eisen Meyers 815 Crystal Ames IA 50010		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 354.60

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendel Krieschell*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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6-30-10	ID# CK#	Beverly Kruempel 2519 Timberland Dr Ames, IA 50014		\$ 50	<input checked="" type="checkbox"/>
"	ID# CK#	Wayne G. Clinton 1610 Carroll Ames, IA 50010		50	<input checked="" type="checkbox"/>
6-24-10	ID# CK#	Jennifer L. Greimann 1518 13th St Ames, IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	John L. Cleashy 1801 20th St, Unit B21 Ames, IA 50010		40	<input checked="" type="checkbox"/>
"	ID# CK#	Sue Ann Ravenscroft 455 Westwood Dr. Ames, IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	Paul Lundy 4316 Phoenix St. Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	JAN L. FLORA 1902 George Allen Ave. Ames, IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	Deborah Z. Gitchell 2513 Northwood Dr. Ames, IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	James A. Gaunt 3423 Clinton Ct Ames, IA 50010		50	<input checked="" type="checkbox"/>
6-29-10	ID# CK#	Carole Brown 1204 Orchard Dr. Ames, IA 50010		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 540	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wend-Krausschell*

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6-29-10	ID# CK#	JANE HALLIBURTON 1128 ROOSEVELT AMES IA 50010		\$ 100	<input checked="" type="checkbox"/>
"	ID# CK#	JUDITH HOFFMAN 3820 QUEBEC ST. AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	AMY JUHNKE 4628 HEMINGWAY AMES IA 50014		50	<input checked="" type="checkbox"/>
"	ID# CK#	JOHNIE HAMMOND 2203 NORTHERST DR. AMES IA 50010		50	<input checked="" type="checkbox"/>
"	ID# CK#	AMY ANDREOTTI 321 PEARSON AVE AMES IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	KATHERINE B. FROMM 3531 G.W. CARTER AVE AMES IA 50010		100	<input checked="" type="checkbox"/>
"	ID# CK#	ERIN ROSACKER 2200 TIMBERLAND RD AMES IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	BRENT WYNJA 1012 HUNZIKER DR. AMES IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	PHYLLIS PETERS 210 S. KELLOGG AMES IA 50010		75	<input checked="" type="checkbox"/>
"	ID# CK#	ROBIN SCHWARTZ 569 WEST RIVERSIDE RD. AMES IA 50010		10	<input checked="" type="checkbox"/>

SUB-TOTAL

\$710

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wend-Kroeschell*

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6-29-10	ID# CK#	JAN M. BAUER 2700 Pinehurst CR. Ames IA 50010		\$ 10	<input checked="" type="checkbox"/>
"	ID# CK#	James H. Jorgensen 4207 Westbrook Dr. Ames IA 50014		10	<input checked="" type="checkbox"/>
"	ID# CK#	Bill Maske P.O. Box 20 TRUMB, IA 50257		25	<input checked="" type="checkbox"/>
"	ID# CK#	Thomas A. Weber 430 LYNN Ave Ames IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	Joan Dubberke 1523 CARROLL Ave Ames, IA 50010		40	<input checked="" type="checkbox"/>
"	ID# CK#	Thomas L. Beell 1217 Roosevelt Ave. Ames, IA 50010		35	<input checked="" type="checkbox"/>
"	ID# CK#	Cynthia Oppedal Paschen 2117 Graeber ST. Ames IA 50014		100	<input checked="" type="checkbox"/>
"	ID# CK#	Carole Horowitz 2014 Country Club Blvd Ames, IA 50014		25	<input checked="" type="checkbox"/>
"	ID# CK#	PAT Fawcett 902 Ridgewood Ames IA 50010		25	<input checked="" type="checkbox"/>
"	ID# CK#	Robert R. Bataille 2312 Storm ST. Ames, IA 50014		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 320	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wendt-Knoerschell*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6-29-10	ID# CK#	Cash from Pass the Hat at Fund Raiser		\$ 30	<input checked="" type="checkbox"/>
6-29-10	ID# CK#	JEAN E McMaken 30572 CARIBOU CR. Huxley IA 50124		50	<input checked="" type="checkbox"/>
6-30-10	ID# CK#	Etha S. Hatchcroft 2314 HAMILTON DR. Ames, IA 50014		50	<input checked="" type="checkbox"/>
7-5-10	ID# CK#	STORY Co Democratic C. Committee 2204 ASPEN RD AMES, IA 50010		500	<input type="checkbox"/>
7-8-10	ID# CK#	ANN H CAMPBELL 428 PEARSON AVE AMES IA 50014		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1657

TOTAL (if last page of this schedule)

\$3056.60

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

**B**

(Rev. 07/03)

MONETARY  
EXPENDITURESCHECK THIS BOX IF  
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wendell Knorrshell

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-8-10	ID# CK# 4159	STAPLES 1333 Buckeye Rd Ames, IA 50010	Office Supplies	\$ 58.82
6-8-10	ID# CK# 4160	Jet Print 301 MAIN ST Ames IA 50010	Printing flyer for fund RAISER	125.17
6-10-10	ID# CK# 4161	Postmaster Ames IOWA	Mailing invitation flyers for fund RAISER	216.82
6-1-10	ID# CK# 4158	Iowa Democratic Party	VAN	1000.00
6-12-10	ID# CK# 4162	Main Street Cultural District 314 MAIN ST. Ames, IA 50010	PARADE ENTRY Fee	10.30
6-12-10	ID# CK# 4163	Keith McCauley 2902 Wood St. Ames, IA 50014	MUSIC FOR Fund RAISER	80.00
6-13-10	ID# CK# 4164	Target Ames, IA	Supplies for parade	25.23
6-14-10	ID# CK# 4165	Target Ames, IA	PARADE Candy Thank you notes	66.07
SUB-TOTAL				\$ 1622.11
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wessel-Kroeschell*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-20-10	ID# CK# 4166	CARTER Printing 1739 E. Grand Ave Des Moines, IA 50316	Printing Brochures & Stickers	\$814.68
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 814.68

TOTAL (if last page of this schedule) \$ 2441.29

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)